

UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

TIMOTHY CHANDLEE

Plaintiff(s)

v.

RESURGENT CAPITAL SERVICES L.P.

Defendant(s)

Civil Action No. 20-3662

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

RESURGENT CAPITAL SERVICES L.P. c/o
Corporation Service Company
2595 Interstate Drive, Suite 103
Harrisburg, PA 17110

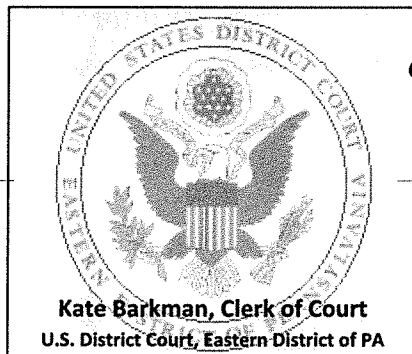
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

ROBERT P. COCCO
LAW OFFICES OF ROBERT P. COCCO PC
1500 WALNUT ST., STE 900
PHILADELPHIA, PA 19102

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 8/6/20



CLERK OF COURT

Vincent J. Alia

Signature of Clerk or Deputy Clerk

Civil Action No. 20-3662

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* RESURGENT CAPITAL SERVICES LP
was received by me on *(date)* 8/6/20.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Corporation Service Co., who is
designated by law to accept service of process on behalf of *(name of organization)* _____
RESURGENT CAPITAL SERVICES LP on *(date)* 8/13/20; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____
_____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 8/18/20

/s/Robert P. Cocco

Server's signature

Robert P. Cocco, Esq

Printed name and title

1500 Walnut St., Ste. 900
Phila., PA 19102

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY															
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>															
<p>1. Article Addressed to:</p> <p><i>Resurgent Capital Serv. L.P.</i> <i>c/o CSC</i> <i>2595 Interstate Pr. #103</i> <i>Harrisburg PA 17110</i></p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery <i>8/13</i></p>														
<p>2. Article Number (Transfer from service label)</p> <p><i>7019 1640 0001 4667 0392</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>															
<p>9590 9402 3706 7335 2997 30</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery	
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